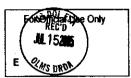
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 3/13

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

• •	01 / 01 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name TIMOTHY L MATTY	Name BROTHERHOUD OF LOCOMOTIVE ENGINEERS +	
,	Name BROTHERHOW OF LOCOMOTIVE ENGINEERS + TRAINMEN Labor Organization File Number DIV 250 023067	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 1129 LUCUST STREET	Street 1129 LOCUST STREET	
CITY MONTOURSVILLE	CITY MONTOURSVILLE	
State PENNA ZIP Code + 4 17754-101	9 State PENNA ZIP Code + 4 /7754-1019	
5. Position in labor organization. SECKETARY / TREASE	LRER DIVISION 250	
	ouse or minor child directly or indirectly had any of the following interests clusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	or derived income or other economic benefit of tion represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
1	and the second control of the second control	

Signature

ZIP Code + 4

7.b. Amount.

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Limothy L Mother	On <u>7 - 8 - 0 5</u>	5 70 - 368 - 326 / Telephone Number	

Street

City

State

P.O. Box, Bldg., Room No., if any

Name of Person Filing	File Number U- 3/73
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any lebor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.